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U.S. DISTRICT COURT
N.D. OF ALABAMA

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

CV-05-G-0925-S

APPLICATION TO PROCEED IN FORMA PAUPERIS

Declaring that the personal and financial information I have given below is true and correct, I apply to this Court for authority to proceed with this case without prepayment of fees, costs, or security.

1. Your full name: John DAVID ICMAN
Present mailing address: P.O. Box 220410 Deatsville, AL 36022
Frank Lee Youth Center Dorm 1-70

2. Are you presently employed? Yes ☐ No ☒

If the answer is "yes," give the name and address of your employer and the amount of your usual monthly salary or wages.

Monthly earnings: _____

If the answer is "no," give the name and address of your last employer, when you last worked, and the amount of the monthly salary or wages you were receiving.

Custom Manufacturing Memphis TN

Date last worked: July 2002

Monthly earnings: \$2,500

3. Have you received within the past twelve months any money from any of the following sources?

(a) Business, profession, or any form of self-employment? Yes ☐ No ☒

(b) Interest, dividends, rents, or investment income of any kind? Yes ☐ No ☒

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- (c) Pensions, annuities, or life insurance payments? Yes ☐ No ☒
- (d) Gifts or inheritances? Yes ☐ No ☒
- (e) Any other sources? Yes ☐ No ☒

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

4. How much money do you own or have in any checking or saving accounts, including your prison or jail account? \$ 135.00

5. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household items and clothing)? Yes ☐ No ☒

If the answer is "yes," describe the property and state its approximate value:

6. List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute toward their support.

<u>Caroline Ioman</u>	<u>Daughter</u>	<u>I pay as much as I can</u>
<u>Sarah Ioman</u>	<u>Daughter</u>	<u>"</u>
<u>Archie Ioman</u>	<u>Son</u>	<u>"</u>

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Dated: 3-14-05

John Ioman
SIGNATURE OF PLAINTIFF

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information **must** be certified by prison or jail personnel and **must** include **both** the total deposits made to the prisoner's account each and every month for the preceding six months **and** the average monthly balance in the account each and every month during the preceding six months. Information for six **full** months must be provided.

CERTIFICATION

I hereby certify that prisoner John Inman has been incarcerated in this institution since Nov. 19, ~~19~~²⁰04, and that he has the sum of \$.07 in his prison or jail trust account on this the 20th day of April, ~~19~~²⁰05. I further certify that the information provided below is true and correct.

	<u>Month/Year</u>	<u>Total Deposits Received</u>	<u>Average Account Balance</u> ^{Weekly}
Month 1	<u>11/04</u>	\$ <u>35.05</u>	\$ <u>35.05</u>
Month 2	<u>12/04</u>	\$ <u>175.00</u>	\$ <u>43.75</u>
Month 3	<u>1/05</u>	\$ <u>260.00</u>	\$ <u>65.00</u>
Month 4	<u>2/05</u>	\$ <u>140.00</u>	\$ <u>35.00</u>
Month 5	<u>3/05</u>	\$ <u>140.00</u>	\$ <u>35.00</u>
Month 6	<u>4/05</u>	\$ <u>75.00</u>	\$ <u>25.00</u>
<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;"> Current month (if less than full month) </div> ➔		\$ _____	\$ _____

Cathy Deppa
Signature of Authorized Officer of Institution

Frank Lee youth Center
Name of Institution

INMATE REQUEST SLIP

Name W. C. Miller Quarters 1 Date 5/1/19

ATS # 1072

() Telephone Call () Custody Change () Personal Problem
() Special Visit () Time Sheet () Other _____

Briefly Outline Your Request. Then Drop In Mail Box

I have been put in a city hospital
where it has been agreed that the
Commission will be in the Department
of Corrections, for more fully
to settle on my ~~more~~ findings.

Do Not Write Below This Line — For Reply Only

There is no coverage
procedure, if you are having
medical problems you need to
sign up on sick care

Approved	Denied	Pay Phone	Collect Call
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Request Directed To: (Check One)

() Warden	() Deputy Warden	() Captain
() Classification Supervisor	() Legal Officer - Notary Public	() Record Office